

VIOLENCE, VANDALISM, AND SUBSTANCE ABUSE INCIDENT REPORT FORM

2002-2003

INCIDENT INFORMATION

INCIDENT HEADER (One incident record only for all offenders and victims)

School Name: _____

System-Assigned

Incident Number _____

Location: _____ Cafeteria _____ Classroom _____ Corridor _____ Other inside school _____ School grounds _____ Bus _____ Building exterior _____ District office
_____ Other outside _____ Receiving School

Date of Incident: _____

Time of Incident: _____

Bias incident: _____ Yes _____ No

Police notification: _____ None _____ Police notified, complaint filed _____ Police notified, no complaint filed

Contact Name: _____ **Contact Phone #** _____

INCIDENT DETAIL

Check the items which describe the incident and, if applicable, the type of weapon, bomb or substance.

VIOLENCE

_____ Simple Assault
_____ Aggravated Assault
_____ Fight
_____ Gang Fight
_____ Robbery
_____ Extortion
_____ Sex Offense
_____ Threat

VANDALISM

_____ Arson
_____ Burglary
_____ Damage to Property
_____ Fireworks Offense
_____ Theft
_____ Trespassing

Cost to LEA: \$ _____

SUBSTANCE ABUSE

_____ Use
_____ Possession
_____ Distribution

SUBSTANCE ABUSE

_____ Alcohol _____ Anabolic steroids
_____ Marijuana _____ Unauthorized prescription drugs
_____ Amphetamines _____ Inhalants
_____ Club/Rave drug _____ Drug paraphernalia
_____ Cocaine
_____ Hallucinogens (e.g. LSD, PCP)
_____ Narcotics (e.g. heroin, morphine)
_____ Depressants (e.g. barbiturates, tranquilizers)

WEAPONS

BOMB TYPE

_____ Explosive device
(detonated)¹
_____ Explosive device
(not detonated, but
possible)¹
_____ Fake bomb (detonation
not possible)
_____ Bomb threat (no bomb
found)

OFFENSE

_____ Possession of Firearm
_____ Assault with a Firearm
_____ Sale or Transfer of Firearm
_____ Assault with Other Weapon
_____ Possession of Other Weapon
_____ Sale or Transfer of Weapon

FIREARM TYPE

_____ Handgun
_____ Rifle or shotgun
_____ BB, air
or pellet gun

OTHER WEAPON TYPE

_____ Knife, Blade
_____ Pin
_____ Chain, Club
_____ Mace, Spray
_____ Imitation gun
_____ Other

1. Report large fireworks such as cherry bombs and M-90's under Vandalism/Fireworks

Incident Description: (optional) _____

OFFENDER (Check One):

- ☐ Known – Attach Offender Page(s)
☐ Unknown – Do not attach Offender Page

Signature 1

Title

Date

Signature 2 (principal)

Date

VV-SA, OFFENDER INFORMATION, 2002-2003

Please complete the following information for EACH offender involved in the incident.

OFFENDER TYPE

- ☐ Regular education student
☐ Student with a disability
☐ Student from another district
☐ Non-student

STUDENT ID NUMBER: _____
(DISTRICT STUDENTS ONLY)

STUDENT NAME: _____
(DISTRICT STUDENTS ONLY)

System-Assigned
Incident Number _____

For district students only, check the items which describe any action taken regarding this offender.

OAL determination: ☐ Yes ☐ No (FOR STUDENTS WITH DISABILITIES ONLY: See the User Manual for a definition of OAL.)

Disciplinary action taken: ☐ None ☐ Expulsion ☐ Removal to alternative education ☐ In-school suspension ☐ Out-of school suspension ☐ Other

Days suspended or removed: _____

If removed to alternative education program: ☐ Homebound instruction ☐ In-district alternative program/school ☐ Other in-district setting
☐ Out-of-district alternative program/school ☐ Other out-of-district setting ☐ County alternative education program

Individualized Education Program Services Received: ☐ Yes ☐ No (FOR STUDENTS WITH DISABILITIES ONLY)

For district students only. Check the categories that describe the offender.

OFFENDER GENDER

- ☐ Male
☐ Female

OFFENDER RACE/ETHNICITY

- ☐ American Indian
☐ Asian or Pacific Islander
☐ Black or African-American
☐ Hispanic or Latino
☐ White (Not Hispanic)

LEP: ☐ Check if "Yes."

Section 504: ☐ Check if "Yes."

SPECIAL EDUCATION ELIGIBILITY CRITERIA

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing impairments | <input type="checkbox"/> Other health impairments | <input type="checkbox"/> Speech language impairments |
| <input type="checkbox"/> Deaf-blindness | <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Orthopedic Impairments | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Emotional disturbance | <input type="checkbox"/> Mental retardation | <input type="checkbox"/> Specific learning disabilities | <input type="checkbox"/> Visual impairments |

Check the type of incident involving this offender:

- ☐ Violence ☐ Vandalism ☐ Weapon ☐ Substance Abuse

VV-SA, VICTIM INFORMATION, 2002-2003

Please complete the following information for EACH victim involved in the incident.

VICTIM TYPE

☐ Regular student ☐ School personnel
☐ Student with disabilities ☐ Non-student
☐ Student from another district

STUDENT ID NUMBER: _____
(DISTRICT STUDENTS ONLY)

STUDENT NAME: _____
(DISTRICT STUDENTS ONLY)

System-Assigned Incident Number _____
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For district students only. Check the categories that describe the victim.

VICTIM GENDER

☐ Male
☐ Female

VICTIM RACE/ETHNICITY

☐ American Indian
☐ Asian or Pacific Islander
☐ Black or African-American
☐ Hispanic or Latino
☐ White (Not Hispanic)

LEP: ☐ Check if "Yes."

Section 504: ☐ Check if "Yes."

SPECIAL EDUCATION ELIGIBILITY CRITERIA

<input type="checkbox"/> Autism	<input type="checkbox"/> Hearing impairments	<input type="checkbox"/> Other health impairments	<input type="checkbox"/> Speech language impairments
<input type="checkbox"/> Deaf-blindness	<input type="checkbox"/> Multiple disabilities	<input type="checkbox"/> Orthopedic Impairments	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Emotional disturbance	<input type="checkbox"/> Mental retardation	<input type="checkbox"/> Specific learning disabilities	<input type="checkbox"/> Visual impairments